MOLINA HEALTHCARE
Your Extended Family.

MOLINA® HEALTHCARE MEDICAID PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE EFFECTIVE: 01/01/2022

REFER TO MOLINA'S PROVIDER WEBSITE OR PRIOR AUTHORIZATION LOOK-UP TOOL/MATRIX FOR SPECIFIC CODES THAT REQUIRE AUTHORIZATION

ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT

OFFICE VISITS TO CONTRACTED/PARTICIPATING (PAR) PROVIDERS & REFERRALS TO NETWORK SPECIALISTS DO NOT REQUIRE PRIOR AUTHORIZATION.

EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.

- **Advanced Imaging and Special Tests**
- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, Intensive Outpatient, Targeted Case Management
  - Electroconvulsive Therapy (ECT)
  - Presumptive (PA after 12 tests) and Definitive UA Drug Testing (PA after 8 tests)
  - Applied Behavioral Analysis (ABA) – for the treatment of Autism Spectrum Disorder (ASD)
- **Cosmetic, Plastic and Reconstructive Procedures:** No PA required with Breast Cancer Diagnoses
- **Durable Medical Equipment**
- **Elective Inpatient Admissions:** Acute Hospital, Skilled Nursing Facilities (SNF), Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC) Facilities
- **Experimental/Investigational Procedures**
- **Genetic Counseling and Testing** (Except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations)
- **Healthcare Administered Drugs**
- **Home Healthcare Services (including home-based PT/OT/ST):** All home healthcare services require PA after initial evaluation plus six (6) visits per calendar year. PA after the first episode of MSW per calendar year.
- **Hyperbaric/Wound Therapy**
- **Inpatient Hospitalization (Except Emergency and Urgently Needed Services)**
- **Long Term Services & Support (Per State benefit):** All LTSS services require PA regardless of code(s).
- **Miscellaneous & Unlisted Codes:** Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.
- **Neuropsychological and Psychological Testing**
- **Non-Par Providers:** With the exception of some facility based professional services, receipt of ALL services or items from a non-contracted provider in all places of service require approval.
  - Emergency and Urgently Needed Services;
  - Professional fees for Medicaid enrolled providers associated with ER visits and approved Ambulatory Surgery Center (ASC) or inpatient stays;
  - Local Health Department (LHD) services;
  - Hospital Emergency services
  - Evaluation and Management services associated with inpatient, ER, and observation stays
  - Radiologist, anesthesiologist, and pathologist professional services when billed in POS 19, 21, 22, 23 or 24;
  - PA is waived for professional component services or services billed from Medicaid enrolled providers with Modifier 26 in ANY place of service setting;
  - Other State mandated services.
- **Nursing Home/Long Term Care**
- **Occupational, Physical & Speech Therapy**
  - OT/PT: No PA required for members 20 years and younger. PA required after the first 24 combined visits for members 21 and older.
  - ST: PA required after the first 12 visits per calendar year for members 20 and younger. PA required after the first 6 visits per calendar year for members 21 and older.
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures**
- **Pain Management Procedures:** Except trigger point injections
- **Prosthetics/Orthotics**
- **Radiation Therapy and Radiosurgery**
- **Sleep Studies:** Except Home (POS 12) sleep studies
- **Transplants/Gene Therapy, including Solid Organ and Bone Marrow:** (Cornea transplant does not require authorization)
- **Transportation Services:** Carved out and managed bHCA

STERILIZATION NOTE: Federal guidelines require that at least 30 days have passed between the date of the individual's signature on the consent form and the date the sterilization was performed. The consent form must be submitted with the claim.

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IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID PROVIDERS

Information generally required to support authorization decision making includes:

- ☐ Current (up to 6 months), adequate patient history related to the requested services.
- ☐ Relevant physical examination that addresses the problem.
- ☐ Relevant lab or radiology results to support the request (including previous MRI, CT, Lab or X-ray report/results).
- ☐ Relevant specialty consultation notes.
- ☐ Any other information or data specific to the request.

The Urgent / Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize their ability to regain maximum function. Requests outside of this definition will be handled as routine / non-urgent.

- ☐ If a request for services is denied, the requesting provider and the member will receive a letter explaining the reason for the denial and additional information regarding the grievance and appeals process. Denials also are communicated to the provider by telephone, fax or electronic notification. Verbal, fax, or electronic denials are given within one business day of making the denial decision or sooner if required by the member's condition.
- ☐ Providers and members can request a copy of the criteria used to review requests for medical services.
- ☐ Molina Healthcare has a full-time Medical Director available to discuss medical necessity decisions with the requesting physician at (425) 398-2603.

Important Molina Healthcare Medicaid Contact Information

(Service hours 8am-5pm local M-F, unless otherwise specified)

Prior Authorizations including NICU Authorizations:
Phone: (800) 869-7175
Fax: (800) 767-7188

Behavioral Health Authorizations:
Phone: (800) 869-7175
Fax: (833) 552-0030

Pharmacy Authorizations:
Phone: (855) 322-4082
Fax: (800) 869-7175

Radiology Authorizations:
Phone: (855) 714-2415
Fax: (877) 731-7218

Dental:
Managed by DSHS

Provider Customer Service:
Phone: (855) 322-4082
Fax: (877) 814-0342

Vision:
Phone: (888) 493-4070
Fax: (866) 772-0285

Transportation:
Managed by DSHS

Member Customer Service, Benefits/Eligibility:
Phone: (800) 869-7185/ TTY/TDD 711
Fax: (800) 816-3378

Transplant Authorizations:
Phone: (855) 714-2415
Fax: (877) 813-1206

24 Hour Nurse Advice Line (7 days/week)
Phone: (888) 275-8750 TTY: 711
Members who speak Spanish can press 1 at the IVR prompt. The nurse will arrange for an interpreter, as needed, for non-English/Spanish speaking members.
No referral or prior authorization is needed.

Virtual Urgent Care:
(844) 870-6821 TTY: 711
Wavirtualcare.molinahealthcare.com

Providers may utilize Molina Healthcare's Website at: https://provider.molinahealthcare.com/Provider/Login
Available features include:

- Authorization submission and status
- Member Eligibility
- Provider Directory
- Claims submission and status
- Download Frequently used forms
- Nurse Advice Line Report

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Molina® Healthcare, Inc. – Prior Authorization Service Request Form

MEMBER INFORMATION

Line of Business:	☐ Medicaid	☐ Marketplace	☐ Medicare	☐ BHSO	Date of Request:

State/Health Plan (i.e. CA):			
Member Name:		DOB (MM/DD/YYYY):	
Member ID#:		Member Phone:	

Service Type:
- ☐ Non-Urgent/Routine/Elective
- ☐ Urgent/Expedited – Clinical Reason for Urgency Required:
- ☐ Emergent Inpatient Admission
- ☐ EPSDT/Special Services
- ☐ Discharge Planning (Services being requested for members who are currently inpatient, necessary for discharge)

REFERRAL/SERVICE TYPE REQUESTED

Request Type:	☐ Initial Request	☐ Extension/ Renewal / Amendment	Previous Auth#:

Inpatient Services:	Outpatient Services:		
☐ Inpatient Hospital	☐ Chiropractic	☐ Office Procedures	☐ Pharmacy
☐ Inpatient Transplant	☐ Dialysis	☐ Infusion Therapy	☐ Physical Therapy
☐ Inpatient Hospice	☐ DME	☐ Laboratory Services	☐ Radiation Therapy
☐ Long Term Acute Care (LTAC)	☐ Genetic/Genomic Testing	☐ LTSS Services	☐ Speech Therapy
☐ Acute Inpatient Rehabilitation (AIR)	☐ Home Health	☐ Occupational Therapy	☐ Transplant/Gene Therapy
☐ Skilled Nursing Facility (SNF)	☐ Hospice	☐ Outpatient Surgical/Procedures	☐ Transportation
☐ Other Inpatient:______________	☐ Hyperbaric Therapy	☐ Pain Management	☐ Wound Care
	☐ Imaging/Special Tests	☐ Palliative Care	☐ Other: ______________

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code: **Description:**

Dates of Service Start	Dates of Service Stop	Procedure/ Service Codes	Diagnosis Code	Requested Service	Requested Units/Visits

PROVIDER INFORMATION

REQUESTING PROVIDER / FACILITY:

Provider Name:	NPI#:	TIN#:	
Phone:	FAX:	Email:	
Address:	City:	State:	Zip:
PCP Name:	PCP Phone:		
Office Contact Name:	Office Contact Phone:		

SERVICING PROVIDER / FACILITY:

Provider/Facility Name (Required):

NPI#:	TIN#:	Medicaid ID# (If Non-Par):	☐ Non-Par ☐ COC
Phone:	FAX:	Email:	
Address:	City:	State:	Zip:

For Molina Use Only:

Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care.